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7590

01/09/2009

~~JOSEPH S. TRIPOLI~~ ROBERT D. SHEDD~~THOMSON MULTIMEDIA LICENSING INC.~~

2 INDEPENDENCE WAY - Suite 200

P.O. BOX 5312

PRINCETON, NJ 08543-5312

04/09/2009 SSITHIB2 00000019 070832 10078778

01 FC:1501 1510.00 DA

02 FC:1501 1510.00 DA FILING DATE

03 FC:8001 9.00 DA 02/19/2002

APR 08 2009

FIRST NAMED INVENTOR

Donald Henry Willis

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Patricia M. Fedorowycz (Depositor's name)  
 (Signature)  
 (Date)

ATTORNEY DOCKET NO.

CONFIRMATION NO.

PU020026

5111

TITLE OF INVENTION: METHOD AND APPARATUS FOR SPARKLE REDUCTION USING A SPLIT LOWPASS FILTER ARRANGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/09/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, TAMMY T	2629	345-098000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (SEE ADDRESS CHANGE ABOVE)  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 ROBERT D. SHEDD  
 2 HARVEY D. FRIED  
 3 JAMES MCKENZIE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 4/8/09

Typed or printed name JAMES MCKENZIE (609) 734-6866

Registration No. 51,146

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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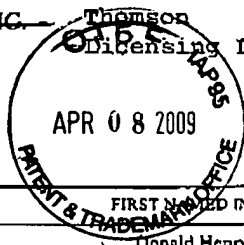
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Patricia M. Fedorowycz (Depositor's name)  
[Signature] (Signature)  
April 8, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,778	02/19/2002	Donald Henry Willis	PU020025	5111

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Authorized Signature

Date

Typed or printed name

JAMES MCKENZIE (609) 734-6866

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